

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/538030

1 Date of Request: _____ **2 Serial/Patent #** _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

		7 TOTAL AMOUNT OF REFUND	\$
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10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/>	No Fee Due (Explanation):	9	<input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____ **TITLE:** _____

SIGNATURE: _____

Adjustment Date: 07/27/2005 PKIDWELL
03/24/2006 ATRAH1 00000029 500501 10524030
02 FC:2632 250.00 CR

OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**